



## Start Here

Please use a black or blue pen.

→ **NOTE:** Please answer **BOTH** Questions 5 and 6.

**1** Please print your name —  
Last Name

First Name

MI

**2** a. Do you live here or stay here **MOST OF THE TIME?**

- Yes → *Skip to 2d*  
 No

b. Do you have a place where you live or stay **MOST OF THE TIME?**

- Yes  
 No → *Skip to 2d*

c. What is your telephone number? *We may call you if we don't understand an answer.*

Area Code + Number

d. **ANSWER ONLY IF THIS PLACE IS A SHELTER — Including tonight, how many nights during the past 7 nights did you stay in a SHELTER?**

- 7 nights  
 6 nights  
 5 nights  
 4 nights  
 3 nights  
 2 nights  
 1 night

**3** What is your sex? Mark  **ONE** box.

- Male       Female

**4** What is your age and what is your date of birth?  
*Print numbers in boxes.*

Age on April 1, 2000    Month    Day    Year of birth

**5** Are you Spanish/Hispanic/Latino? Mark  the "No" box if **not** Spanish/Hispanic/Latino.

- No, not Spanish/Hispanic/Latino  
 Yes, Mexican, Mexican Am., Chicano  
 Yes, Puerto Rican  
 Yes, Cuban  
 Yes, other Spanish/Hispanic/Latino — *Print group.*



**6** What is your race? Mark  **one or more races** to indicate what you consider yourself to be.

- White  
 Black, African Am., or Negro  
 American Indian or Alaska Native — *Print name of enrolled or principal tribe.*



- Asian Indian       Native Hawaiian  
 Chinese             Guamanian or Chamorro  
 Filipino             Samoan  
 Japanese            Other Pacific Islander — *Print race.*  
 Korean  
 Vietnamese  
 Other Asian — *Print race.*



- Some other race — *Print race.*



**7** If you live here or stay here **MOST OF THE TIME** → *Skip to 10 on the reverse side.*



**8 What is the address of the place where you live or stay MOST OF THE TIME?**

House number

Street name, Rural route and box, or PO box



Apartment number

City

County

State or foreign country

ZIP Code

**9 If the address in question 8 is a rural route/box or PO box, and the place you live or stay MOST OF THE TIME has a house number/street address, print it below.**

House number

Street or road name



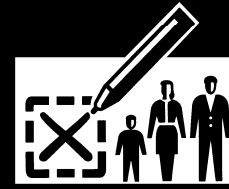
Apartment number

City

County

State or foreign country

ZIP Code



**Your answers are important! Every person in the Census counts.**

**10 Please check this form to be sure you have answered all the required questions completely.**

To return your form, please follow the instructions on the envelope that the form came in.

**Thank you for completing this official U.S. Census 2000 form.**

The Census Bureau estimates that, on average, each respondent will take 5 minutes to complete this form, including the time for reviewing the instructions and answers. Comments about the estimate should be directed to the Associate Director for Finance and Administration, Attn: Paperwork Reduction Project 0607-0856, Room 3104, Federal Building 3, Bureau of the Census, Washington, DC 20233.

Respondents are not required to respond to any information collection unless it displays a valid approval number from the Office of Management and Budget.

**FOR OFFICE USE ONLY**

**A. GQ ID**

**B. PN**

**C. JIC1**

**D. JIC2**

**E. JIC3**

**F. JIC4**

